

**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD: JULY 1, 2004 - JUNE 30, 2005**

**1. DEPARTMENT/COURT INFORMATION:**

Department/Court: Health and Human Services Agency (HHSA)

Division/Unit: North Inland Family Resource Center

**2. VOLUNTEER PROGRAM BENEFITS:**

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.		Hours		X	\$17.55	=	
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Types of work performed by GENERAL VOLUNTEERS in this category:

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- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	79	Hours	3608	X	\$17.55	=	\$63,320.40
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

Assemble case folder, intake packets, renewal packets, mailing labels

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
					\$0.00
					\$0.00

No. Vol.	0	Total Hours	0	Total Value	\$0.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

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d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
<u>0</u>	<u>0</u>	<u>\$0</u>
<u>79</u>	<u>3608</u>	<u>\$63,320</u>
<u>0</u>	<u>0</u>	<u>\$0</u>

<b>TOTALS:</b>	<b>79</b>	<b>Total Hours</b>	<b>32</b>	<b>Total Value</b>	<b>\$63,320.40</b>
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

**TOTAL VALUE = \$0.00**

4. VOLUNTEER PROGRAM COSTS:

a.

Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours                      X                      Rate

**\$0.00**

b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours                      X                      Rate

**\$0.00**

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c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : \_\_\_\_\_ Cost: \_\_\_\_\_

Item : \_\_\_\_\_ Cost: \_\_\_\_\_

Item : \_\_\_\_\_ Cost: \_\_\_\_\_

TOTAL OF OTHER PROGRAM COSTS =

\$0.00

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$0.00

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a Total Dollar Benefits of Volunteers, Item 2d \$63,320.40

b. Total of Donations to Volunteer Program, Item 3 \$0.00

c. Subtract Total of program Costs, Item 4d \$0.00

TOTAL PROGRAM BENEFIT:

\$63,320.40

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6. **RECRUITING:**

Please describe your recruiting programs:

None - referral from court.

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

None

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2005-06:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Continue to accept volunteers as referred by the courts.

9. **GENERAL INFORMATION:**

Name of person completing report: Kim Forrester

Phone: (760) 740-4284 Mail Stop: N85 E-Mail: kim.forrester@sdcounty.ca.gov

Volunteer Coordinator: Sherry Frisby / Dave Olejnik

Phone: (760) 740-4008 Mail Stop: N85 E-Mail: sherry.frisby@sdcounty.ca.gov  
dave.olejnik@sdcounty.ca.gov

10. **DEPARTMENT CERTIFICATION:**

  
DEPARTMENT HEAD SIGNATURE

7/21/05  
DATE

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